}-	PATEN	TAPPLICAT	10N FEE	DETERN	INA	TION REC	ORI	,	Applicat	on or /) /	Docket Nu	imber	,
L	أرمو المو			ober 1, 20					084		100	揽	
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												.]	
Ľ	FOTAL CLAIM	IS	20		•		1	RATE	FEE	``	PATE	FEE	4
ş	OR ·		NUMBI	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0	0	BASIC FE		5.1
7	OTAL CHARG	EABLE CLAIMS	20	200 minus 20*		•		XS 9±		OF	Yasa		1
5	DEPENDENT	CLAIMS	3	3 minus 3 =		•		X43=	+-	4	700	 	4
M	ULTIPLE DEPI	ENDENT CLAIM	PRÈSENT					A.40=	+	-OA	780*	 `	
•	If the difference	ce in column 1 i	s less than	zero, enter	TO in	cokumn 2	'	+145=	<u> </u>	OR	+290-		4
		Claims as						TOTAL	<u> </u>	JOR		1//	4
		(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	OTHER		
۷ ۲		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU	ER ER	PRESENT EXTRA		RATE	ADDI- TIONAL]	RATE	ADDI- TIONAL	
AMENDMENT	Total .	. 19	Minus	- 9	1)			•2 2X·	FEE	OR	X\$18•	_EEE_	1
Ę	independent	1.3	Minus	3	7	• -		X43=			XB6=		1
_	FIRST PRES	ENTATION OF M	IULTIPLE OF	PENDENT	LAIM		ŀ			OR			ł
				K-1	//	-11/2	L	+145=	ļ	OR	+290=		4
		(Column 1)	(J .		(Column 3)	A	DOIT, FEE		OR	ADDIT, FEE		-
0		REMAINING		HIGHE	37	PRESENT	Г		ADDI-	1		ADDI-	ł
		AFTER AMENOMENT		PREVIOU PAID FO	SLY	EXTRA	1	RATE	TIONAL FEE		RATE	TIONAL	
	Total	19	Miras	- 2	y	. —	Γ	X\$ 9•		ÔR	X\$18=		
AMENDMENT B	Independent	· 6	Minus	1-3		• 3	r	X43-			X86=	(200)	00
	PINST PRESE	NTATION OF M	JUNPLE DE	PENDENT C	LAIM		H	+145a		OR	+290=	Color	
v	1/9/06						L	TOTAL		OR	TOTAL	/losa	M.O.
1	17104	(Column 1)		(Column	2)·	(Column 3)	A0	OIT. FEE	•	OR ,	DOTT. FEEL	C 000	D. Pu
,	•	CLAIMS REMAINING	•	HEGHES					ADDI-	_		4001	
1	·	AFTER AMENDMENT		PREVIOUS PAID FO	LY	PRESENT EXTRA	1	PATE	TIONAL	- 1	RATE	ADDI- TIONAL	
ŀ	Total.	. 19	Minus	- 20		0.	1	S8.		OA -	X318=	T	-
L		• 3	Minus	** 3		• ()	-	(43=	•		X86=	\overline{V}	
1	FIRȘT PRESEI	\vdash	145-		OA		\overline{A}						
e e	If the may in column 1 is less than its entry in column 2, write "O" in column 0. If the "Highest Number Provincely Paid For" IN THIS SPACE is less than 20, owner "20,"									DR	+290-		
ä	the Highest Nun	toer Proviously Pal	d For DI THE Id For DI THE	SPACE IS NOT	s then	50' eure ,50'.		TOTAL III. FEE		DA W	OTAL SOIT. FEE		
		er Proviously Paid	ror (Total or	and opendent)	is the h	ighes rember s	ound :	in the appr	opried bos	h cotur	no 1.		
1 5	TD-675 (Rev. 10)	W)									~~~~		

Patient and Trademain Office, U.S. DEPARTMENT OF COMMERCE